

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|---|---|
| 1 File Number U 8883 | 2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004 |
| 3 Name and address of person filing Name Mark D Kramer P O Box, Bldg Room No if any Street N2216 Bodde Road City Kaukauna State Wisconsin ZIP Code + 4 54130-9740 | 4 Name file number and address of labor organization Name Northern WI Regional Council of Carpenters Labor Organization File Number 035-751 P O Box Building and Room Number if any Street N2216 Bodde Road City Kaukauna State Wisconsin ZIP Code + 4 54130 9740 |
| 5 Position in labor organization Director of Organizing | |

Enter appropriate data below if during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

| | |
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| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 7 a Nature of Interest Transaction or Income 7 b Amount |

Signature

| | | |
|---|----------------------------------|--|
| 15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions) | | |
| Signed <u>Mark Kramer</u> | On <u>8-12-05</u> Date | <u>920-996-2309</u> Telephone Number |

| | |
|-----------------------------------|---------------|
| Name of Person Filing Mark Kramer | File Number U |
|-----------------------------------|---------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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| <p>8 Name and address of Business (including trade name if any)</p> <p>Name <input type="text" value="WI Carpenters Benefits Funds"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text" value="1704 Devney Drive"/></p> <p>City <input type="text" value="Eau Claire"/></p> <p>State <input type="text" value="Wisconsin"/> ZIP Code + 4 <input type="text" value="54702"/></p> | <p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> |
| <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>11 a Nature of such dealing</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><p>Pension Board Meeting 4/15/2004</p></div> <p>11 b Approximate dollar value of such dealing <input type="text" value="\$140"/></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; height: 100px;"></div> <p>12 b Amount. <input type="text"/></p> |

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| <p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p> | |
| <p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>14 a Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div> <p>14 b Amount of payment. <input type="text"/></p> |
| <p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | |

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

MARA KORMER

8-12-05